

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
---------------	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
----------------	---

1a Name of plan <u>ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ATLANTIC ANESTHESIA, INC.</u> <u>134 BUSINESS PARK DRIVE</u> <u>VIRGINIA BEACH, VA 23462-6523</u>	1c Effective date of plan <u>01/01/2003</u> 2b Employer Identification Number (EIN) <u>54-1855514</u> 2c Plan Sponsor's telephone number <u>757-473-0055</u> 2d Business code (see instructions) <u>621111</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	LAURA CARDONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	157
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	120
	6a(2)	102
	6b	5
	6c	50
	6d	157
	6e	0
	6f	157
	6g(1)	157
6g(2)	157	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2G 2R 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC ANESTHESIA, INC.	D Employer Identification Number (EIN) 54-1855514	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MORRIS & WELLS WEALTH MANAGEMENT

26-3820649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	PARTY-IN-INTEREST	105930	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CERITY PARTNERS

27-1180831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	PARTY-IN-INTEREST	53328	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC ANESTHESIA, INC.	D Employer Identification Number (EIN) 54-1855514

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2358	5833
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1758318	1770503
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16837	9248
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4901533	6648146
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2216758	4828544
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	23856273	18016706
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17552983	18649217
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	105134	104838

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	50410194	50033035
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	6430	13736
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6430	13736
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	50403764	50019299

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1770503	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		1770503
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	117433	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	8203	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		125636
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	875868	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		875868
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3598012
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6370019

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6587997	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6587997
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	166487	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses.....	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		166487
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6754484

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-384465
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **WALL, EINHORN & CHERNITZER**

(2) EIN: **54-1517420**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATLANTIC ANESTHESIA, INC.</u>	D Employer Identification Number (EIN) <u>54-1855514</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 54-1855514

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702831A.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

FINANCIAL REPORT

December 31, 2024 and 2023

CONTENTS

INDEPENDENT AUDITOR'S REPORT	1 - 2
FINANCIAL STATEMENTS	
Statements of net assets available for benefits	3
Statement of changes in net assets available for benefits	4
Notes to financial statements	5 - 9
SUPPLEMENTARY INFORMATION	
Schedule H, line 4i - Schedule of assets (held at end of year)	10 - 15

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Atlantic Anesthesia, Inc. Profit Sharing Plan
Virginia Beach, Virginia

Opinion

We have audited the financial statements of **Atlantic Anesthesia, Inc. Profit Sharing Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, line 4i - Schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Norfolk, Virginia
October 2, 2025

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

ASSETS	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ <u>48,253,284</u>	\$ <u>48,635,039</u>
Receivables:		
Employer contributions	1,770,503	1,758,318
Other receivable	<u>9,248</u>	<u>16,837</u>
Total receivables	<u>1,779,751</u>	<u>1,775,155</u>
Total assets	<u>50,033,035</u>	<u>50,410,194</u>
LIABILITIES		
Distributions payable	<u>13,736</u>	<u>6,430</u>
Net assets available for benefits	\$ <u><u>50,019,299</u></u>	\$ <u><u>50,403,764</u></u>

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

Additions:

Investment income:

Net appreciation in fair value of investments	\$ 3,598,012
Dividends and interest	<u>1,001,504</u>

Total investment income 4,599,516

Contributions:

Employer	<u>1,770,503</u>
----------	------------------

Total additions 6,370,019

Deductions:

Benefits paid to participants	6,587,997
Administrative expenses	<u>166,487</u>

Total deductions 6,754,484

Net decrease in net assets available for benefits (384,465)

Net assets available for benefits:

Beginning of year	<u>50,403,764</u>
-------------------	-------------------

End of year	\$ <u><u>50,019,299</u></u>
--------------------	------------------------------------

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

Note 1. Description of Plan

The following description of **Atlantic Anesthesia, Inc. Profit Sharing Plan** (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan covering all full-time employees of Atlantic Anesthesia, Inc., (the Company) who have completed two years of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

The Company may make discretionary contributions with the approval of the Board of Directors. Contributions are allocated among employee classes and based on eligible compensation. Effective January 1, 2023, each participant is considered a separate class. Participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of the contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts:

Each participant's account is credited with the Company's contributions and allocations of plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are vested immediately in their contributions and the Company's contributions plus actual earnings thereon.

Payment of benefits:

Upon termination of service, as defined in the Plan, a participant may receive the value of interest in his or her account as a lump distribution, partial payment or installment payment. After attaining the age 59½, a participant is eligible for in-service withdrawals as determined by the plan agreement and Plan Administrator. The Plan also allows for distributions in the instance of certain financial hardships as defined in the plan agreement.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates:

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

See Independent Auditor's Report. Notes continued on next page.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

Note 2. Summary of Significant Accounting Policies (continued)

Investment valuation and income recognition:

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold during the year as well as held at the end of the year.

Payment of benefits:

Benefits are recorded when paid.

Expenses:

Certain expenses of maintaining the Plan are paid by the Company and are excluded from these financial statements. However, most of the Plan's operating expenses are paid out of Plan assets; net appreciation in fair value of investments includes investment-related expenses for certain investment options, and expenses relating to specific participant transactions are charged directly to that participant's account.

Note 3. Fair Value Measurements

FASB Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs that are unobservable inputs for the asset or liability.

See Independent Auditor's Report. Notes continued on next page.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

Note 3. Fair Value Measurements (continued)

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Marketable securities (including bonds):

Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds (including money market funds):

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets valued at fair value as measured on a recurring basis as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 5,833	\$ -	\$ -	\$ 5,833
Money market funds	6,648,146	-	-	6,648,146
Mutual funds	18,649,217	-	-	18,649,217
Marketable securities	18,121,544	-	-	18,121,544
Bonds	<u>4,828,544</u>	<u>-</u>	<u>-</u>	<u>4,828,544</u>
Total assets at fair value	<u>\$ 48,253,284</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 48,253,284</u>

See Independent Auditor's Report. Notes continued on next page.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

Note 3. Fair Value Measurements (continued)

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 2,358	\$ -	\$ -	\$ 2,358
Money market funds	4,901,533	-	-	4,901,533
Mutual funds	17,552,983	-	-	17,552,983
Marketable securities	23,961,407	-	-	23,961,407
Bonds	<u>2,216,758</u>	<u>-</u>	<u>-</u>	<u>2,216,758</u>
Total assets at fair value	<u>\$ 48,635,039</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 48,635,039</u>

Note 4. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by investment firms, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred and paid directly by the Plan for the investment management services amounted to \$166,487 for the year ended December 31, 2024.

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Company reserves the right to amend or terminate the Plan or discontinue contributions at any time subject to the provisions of ERISA. In the event of Plan termination, each participant automatically becomes 100% vested in the amount of their individual account.

Note 6. Tax Status

The IRS has determined and informed the Company by a letter dated June 30, 2020, that the non-standardized prototype plan adopted by the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

See Independent Auditor's Report. Notes continued on next page.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Note 8. Subsequent Events

The Plan has evaluated subsequent events through October 2, 2025, the date the financial statements were available to be issued.

See Independent Auditor's Report.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
PARTICIPANT DIRECTED FUNDS			
	Fund	\$	15,510,206
	Equity		4,012,465
	Money Market		2,691,146
	Bond		1,995,599
	Other		104,838
	Cash		5,314
			<u>24,319,568</u>
TOTAL PARTICIPANT DIRECTED FUNDS			\$ 24,319,568
SEPARATELY MANAGED FUNDS			
Cash	Cash	\$	519
Adobe, Inc. 165 Shares	Equity		73,367
Alphabet, Inc. Class A 1,245 Shares	Equity		235,679
Alphabet, Inc. Class C 3,450 Shares	Equity		657,018
Amazon.com, Inc. 710 Shares	Equity		155,767
Apple, Inc. 1,043 Shares	Equity		261,188
Autodesk Inc. 300 Shares	Equity		88,671
Avantis Emerging Markets 3,740 Shares	Fund		219,875
Bank Sweep for Profit Share 2,469,681 Shares	Money Market		2,469,681
Berkley W R Corp. 1,621 Shares	Equity		94,861
Blackrock, Inc. 120 Shares	Equity		123,013
Boston Scientific Co. 1,500 Shares	Equity		133,980
Broadcom, Inc. 650 Shares	Equity		150,696
Cactus, Inc. 4,527 Shares	Equity		264,196

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Carters, Inc. 7,836 Shares	Equity	\$	424,633
Charles Schwab Corp. 1,009 Shares	Equity		74,676
Check Point Software 3,270 Shares	Equity		610,509
Chevron Corp. 1,120 Shares	Equity		162,221
Cisco Systems, Inc. 2,725 Shares	Equity		161,320
Corning, Inc. 1,880 Shares	Equity		89,338
Crocs, Inc. 4,400 Shares	Equity		481,932
Diamondback Energy, Inc. 1,717 Shares	Equity		281,296
Disney Walt Co. 975 Shares	Equity		108,566
Docusign, Inc. 9,330 Shares	Equity		839,140
Eastman Chemical Co. 930 Shares	Equity		84,928
Emerson Electric Co. 870 Shares	Equity		107,819
EOG Res, Inc. 4,565 Shares	Equity		559,578
First Eagle Overseas Fund Class I 22,952 Shares	Fund		561,630
First Trust Low Duration Opportunities ETF 1,060 Shares	Fund		51,590
Fortinet, Inc. 8,625 Shares	Equity		814,890
Freeport-Mcmoran, Inc. 11,610 Shares	Equity		442,109
Home Depot, Inc. 265 Shares	Equity		103,082
Honeywell Intl, Inc. 465 Shares	Equity		105,039
International Business Machines Co. 3,060 Shares	Equity		672,680

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
IQVIA Holdings Inc. 415 Shares	Equity	\$	81,552
Ishares MSCI Intl. Quality Factor ETF 5,365 Shares	Fund		199,149
Ishares S&P Mid Cap 400 Value ETF 2,835 Shares	Fund		257,787
Ishares S&P Small Cap 600 1,596 Shares	Fund		216,051
Johnson & Johnson 535 Shares	Equity		77,372
Jones Lang Lasalle, Inc. 290 Shares	Equity		73,411
JP Morgan Chase & Co. 670 Shares	Equity		160,606
JP Morgan Ultra Short Income ETF 505 Shares	Fund		25,437
Kimberly-Clark Corp. 605 Shares	Equity		79,279
Laboratory Corp. of America Holdings 275 Shares	Equity		63,063
Lam Research Corp. 1000 Shares	Equity		72,230
Lockheed Martin Corp. 220 Shares	Equity		106,907
Mastercard, Inc. 276 Shares	Equity		145,333
Mattel, Inc. 21,962 Shares	Equity		389,386
McDonald's Corp. 525 Shares	Equity		152,192
Merck & Co. Inc. 1,460 Shares	Equity		145,241
Meta Platforms, Inc. 190 Shares	Equity		111,247
Micron Technology, Inc. 4,970 Shares	Equity		418,275
Microsoft Corp. 585 Shares	Equity		246,578
Mondelez Intl, Inc. 1,030 Shares	Equity		61,522

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Newmont Corp. 11,820 Shares	Equity	\$	439,940
Nucor Corp. 2,926 Shares	Equity		341,493
Nvidia Corp. 1,220 Shares	Equity		163,834
Palo Alto Networks 3,560 Shares	Equity		647,778
Pan Amern Silver Corp. 12,612 Shares	Equity		255,015
Pepsico, Inc. 770 Shares	Equity		117,086
Qualcomm, Inc. 540 Shares	Equity		82,955
S&P Global Inc. 205 Shares	Equity		102,096
Schlumberger Ltd. 9,774 Shares	Equity		374,735
Schwab US Treasury Money Fund 166,000 Shares	Fund		166,000
Seafarer Overseas Growth and Income Fund Institutional 18,799 Shares	Fund		218,443
Service Now Inc. 135 Shares	Equity		143,116
SoFi Technologies, Inc. 63,360 Shares	Equity		975,744
Synopsys, Inc. 160 Shares	Equity		77,658
TJX Companies, Inc. 905 Shares	Equity		109,333
Uber Technologies, Inc. 5,547 Shares	Equity		334,595
United Parcel Service 725 Shares	Equity		91,423
UnitedHealth Group, Inc. 255 Shares	Equity		128,994
Vanguard FTSE Developed Markets ETF 24,090 Shares	Fund		1,151,984
Vanguard FTSE Emerging Markets ETF 5,383 Shares	Fund		237,067

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Verizon Communications, Inc. 1,345 Shares	Equity	\$	53,787
Walmart, Inc. 1,545 Shares	Equity		139,591
Altria Group \$25,000 2.6250% Due 09/16/26	Bond		24,147
Anheuser-Busch Inc. \$40,000 4.7500% Due 01/23/29	Bond		39,974
AutoZone, Inc. \$25,000 3.6250% Due 04/15/25	Bond		249,156
Booking Holdings \$50,000 3.6500% Due 03/15/25	Bond		49,863
Cintas Corp No. 2 \$40,000 3.7000% Due 04/01/27	Bond		39,234
Citigroup, Inc. \$100,000 3.2000% Due 10/21/26	Bond		97,002
Columba SC W/S \$50,000 2.2670% Due 02/01/26	Bond		48,922
Comcast Corp. \$50,000 3.1500% Due 02/15/28	Bond		47,646
Duke Energy Corp \$100,000 7.0000% Due 10/30/31	Bond		110,948
Electronic Arts \$50,000 4.8000% Due 03/01/26	Bond		49,961
Evernorth Health \$50,000 4.5000% Due 02/25/26	Bond		49,874
Florida St Board \$40,000 1.7050% Due 07/01/27	Bond		37,084
Georgia Pacific \$25,000 7.7500% Due 11/15/29	Bond		28,015
International Business \$50,000 6.2200% Due 08/01/27	Bond		51,824
Morgan Stanley \$40,000 4.3500% Due 09/08/26	Bond		39,655
Oklahoma St Cap \$50,000 1.0530% Due 07/01/25	Bond		49,183
Oracle Corp. \$50,000 2.9500% Due 04/01/30	Bond		45,143
Palm Beach CN FL PU \$50,000 3.0000% Due 11/01/29	Bond		46,222

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Renaissancere FI \$100,000 3.4500% Due 07/01/27	Bond	\$	96,612
Reynolds American \$25,000 4.4500% Due 06/12/25	Bond		299,429
RTX Corp \$25,000 4.1250% Due 11/16/28	Bond		24,357
Ryder System, Inc. \$100,000 5.2500% Due 06/01/28	Bond		100,907
Stanley Black & Decker \$50,000 6.0000% Due 03/06/28	Bond		51,368
US Treasury Note \$300,000 3.8750% Due 04/30/25	Bond		299,531
US Treasury Note \$300,000 4.2500% Due 05/31/25	Bond		299,906
US Treasury Note \$150,000 3.0000% Due 10/31/25	Bond		148,453
US Treasury Note \$100,000 3.7500% Due 04/15/26	Bond		99,359
US Treasury Note \$75,000 4.0000% Due 10/31/29	Bond		73,758
US Treasury Note \$100,000 4.8750% Due 10/31/30	Bond		102,250
Virginia Electric \$50,000 2.9500% Due 11/15/26	Bond		48,535
Virginia St HSG \$50,000 1.9720% Due 11/01/28	Bond		45,459
Walmart, Inc \$40,000 3.7000% Due 06/26/28	Bond		39,167
TOTAL SEPARATELY MANAGED FUNDS			<u>23,933,716</u>
TOTAL INVESTMENTS			<u>\$ 48,253,284</u>

See Independent Auditor's Report and Notes to Financial Statements.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN) 004
1c Effective date of plan 01/01/2003
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATLANTIC ANESTHESIA, INC. 134 BUSINESS PARK DRIVE VIRGINIA BEACH VA 23462-6523
2b Employer Identification Number (EIN) 54-1855514
2c Plan Sponsor's telephone number 757-473-0055
2d Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, and Enter name of individual signing as plan administrator. Includes signature of Laura Cardone and date 09/29/2025.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	157
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	120
	6a(2)	102
	6b	5
	6c	50
	6d	157
	6e	0
	6f	157
	6g(1)	157
6g(2)	157	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2G 2R 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

b General Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
PARTICIPANT DIRECTED FUNDS			
	Fund	\$	15,510,206
	Equity		4,012,465
	Money Market		2,691,146
	Bond		1,995,599
	Other		104,838
	Cash		5,314
			24,319,568
TOTAL PARTICIPANT DIRECTED FUNDS			\$ 24,319,568
SEPARATELY MANAGED FUNDS			
Cash	Cash	\$	519
Adobe, Inc. 165 Shares	Equity		73,367
Alphabet, Inc. Class A 1,245 Shares	Equity		235,679
Alphabet, Inc. Class C 3,450 Shares	Equity		657,018
Amazon.com, Inc. 710 Shares	Equity		155,767
Apple, Inc. 1,043 Shares	Equity		261,188
Autodesk Inc. 300 Shares	Equity		88,671
Avantis Emerging Markets 3,740 Shares	Fund		219,875
Bank Sweep for Profit Share 2,469,681 Shares	Money Market		2,469,681
Berkley W R Corp. 1,621 Shares	Equity		94,861
Blackrock, Inc. 120 Shares	Equity		123,013
Boston Scientific Co. 1,500 Shares	Equity		133,980
Broadcom, Inc. 650 Shares	Equity		150,696
Cactus, Inc. 4,527 Shares	Equity		264,196

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Carters, Inc. 7,836 Shares	Equity	\$	424,633
Charles Schwab Corp. 1,009 Shares	Equity		74,676
Check Point Software 3,270 Shares	Equity		610,509
Chevron Corp. 1,120 Shares	Equity		162,221
Cisco Systems, Inc. 2,725 Shares	Equity		161,320
Corning, Inc. 1,880 Shares	Equity		89,338
Crocs, Inc. 4,400 Shares	Equity		481,932
Diamondback Energy, Inc. 1,717 Shares	Equity		281,296
Disney Walt Co. 975 Shares	Equity		108,566
Docusign, Inc. 9,330 Shares	Equity		839,140
Eastman Chemical Co. 930 Shares	Equity		84,928
Emerson Electric Co. 870 Shares	Equity		107,819
EOG Res, Inc. 4,565 Shares	Equity		559,578
First Eagle Overseas Fund Class I 22,952 Shares	Fund		561,630
First Trust Low Duration Opportunities ETF 1,060 Shares	Fund		51,590
Fortinet, Inc. 8,625 Shares	Equity		814,890
Freeport-Mcmoran, Inc. 11,610 Shares	Equity		442,109
Home Depot, Inc. 265 Shares	Equity		103,082
Honeywell Intl, Inc. 465 Shares	Equity		105,039
International Business Machines Co. 3,060 Shares	Equity		672,680

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
IQVIA Holdings Inc. 415 Shares	Equity	\$	81,552
Ishares MSCI Intl. Quality Factor ETF 5,365 Shares	Fund		199,149
Ishares S&P Mid Cap 400 Value ETF 2,835 Shares	Fund		257,787
Ishares S&P Small Cap 600 1,596 Shares	Fund		216,051
Johnson & Johnson 535 Shares	Equity		77,372
Jones Lang Lasalle, Inc. 290 Shares	Equity		73,411
JP Morgan Chase & Co. 670 Shares	Equity		160,606
JP Morgan Ultra Short Income ETF 505 Shares	Fund		25,437
Kimberly-Clark Corp. 605 Shares	Equity		79,279
Laboratory Corp. of America Holdings 275 Shares	Equity		63,063
Lam Research Corp. 1000 Shares	Equity		72,230
Lockheed Martin Corp. 220 Shares	Equity		106,907
Mastercard, Inc. 276 Shares	Equity		145,333
Mattel, Inc. 21,962 Shares	Equity		389,386
McDonald's Corp. 525 Shares	Equity		152,192
Merck & Co. Inc. 1,460 Shares	Equity		145,241
Meta Platforms, Inc. 190 Shares	Equity		111,247
Micron Technology, Inc. 4,970 Shares	Equity		418,275
Microsoft Corp. 585 Shares	Equity		246,578
Mondelez Intl, Inc. 1,030 Shares	Equity		61,522

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Newmont Corp. 11,820 Shares	Equity	\$	439,940
Nucor Corp. 2,926 Shares	Equity		341,493
Nvidia Corp. 1,220 Shares	Equity		163,834
Palo Alto Networks 3,560 Shares	Equity		647,778
Pan Amern Silver Corp. 12,612 Shares	Equity		255,015
Pepsico, Inc. 770 Shares	Equity		117,086
Qualcomm, Inc. 540 Shares	Equity		82,955
S&P Global Inc. 205 Shares	Equity		102,096
Schlumberger Ltd. 9,774 Shares	Equity		374,735
Schwab US Treasury Money Fund 166,000 Shares	Fund		166,000
Seafarer Overseas Growth and Income Fund Institutional 18,799 Shares	Fund		218,443
Service Now Inc. 135 Shares	Equity		143,116
SoFi Technologies, Inc. 63,360 Shares	Equity		975,744
Synopsys, Inc. 160 Shares	Equity		77,658
TJX Companies, Inc. 905 Shares	Equity		109,333
Uber Technologies, Inc. 5,547 Shares	Equity		334,595
United Parcel Service 725 Shares	Equity		91,423
UnitedHealth Group, Inc. 255 Shares	Equity		128,994
Vanguard FTSE Developed Markets ETF 24,090 Shares	Fund		1,151,984
Vanguard FTSE Emerging Markets ETF 5,383 Shares	Fund		237,067

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Verizon Communications, Inc. 1,345 Shares	Equity	\$	53,787
Walmart, Inc. 1,545 Shares	Equity		139,591
Altria Group \$25,000 2.6250% Due 09/16/26	Bond		24,147
Anheuser-Busch Inc. \$40,000 4.7500% Due 01/23/29	Bond		39,974
AutoZone, Inc. \$25,000 3.6250% Due 04/15/25	Bond		249,156
Booking Holdings \$50,000 3.6500% Due 03/15/25	Bond		49,863
Cintas Corp No. 2 \$40,000 3.7000% Due 04/01/27	Bond		39,234
Citigroup, Inc. \$100,000 3.2000% Due 10/21/26	Bond		97,002
Columba SC W/S \$50,000 2.2670% Due 02/01/26	Bond		48,922
Comcast Corp. \$50,000 3.1500% Due 02/15/28	Bond		47,646
Duke Energy Corp \$100,000 7.0000% Due 10/30/31	Bond		110,948
Electronic Arts \$50,000 4.8000% Due 03/01/26	Bond		49,961
Evernorth Health \$50,000 4.5000% Due 02/25/26	Bond		49,874
Florida St Board \$40,000 1.7050% Due 07/01/27	Bond		37,084
Georgia Pacific \$25,000 7.7500% Due 11/15/29	Bond		28,015
International Business \$50,000 6.2200% Due 08/01/27	Bond		51,824
Morgan Stanley \$40,000 4.3500% Due 09/08/26	Bond		39,655
Oklahoma St Cap \$50,000 1.0530% Due 07/01/25	Bond		49,183
Oracle Corp. \$50,000 2.9500% Due 04/01/30	Bond		45,143
Palm Beach CN FL PU \$50,000 3.0000% Due 11/01/29	Bond		46,222

See Independent Auditor's Report and Notes to Financial Statements.

ATLANTIC ANESTHESIA, INC. PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) – CONTINUED

December 31, 2024

EIN: 54-1855514

Plan: 004

Description of investment including maturity date, rate of interest, collateral, par or maturity value	Type of investment	Cost	Current value
Renaissancere FI \$100,000 3.4500% Due 07/01/27	Bond	\$	96,612
Reynolds American \$25,000 4.4500% Due 06/12/25	Bond		299,429
RTX Corp \$25,000 4.1250% Due 11/16/28	Bond		24,357
Ryder System, Inc. \$100,000 5.2500% Due 06/01/28	Bond		100,907
Stanley Black & Decker \$50,000 6.0000% Due 03/06/28	Bond		51,368
US Treasury Note \$300,000 3.8750% Due 04/30/25	Bond		299,531
US Treasury Note \$300,000 4.2500% Due 05/31/25	Bond		299,906
US Treasury Note \$150,000 3.0000% Due 10/31/25	Bond		148,453
US Treasury Note \$100,000 3.7500% Due 04/15/26	Bond		99,359
US Treasury Note \$75,000 4.0000% Due 10/31/29	Bond		73,758
US Treasury Note \$100,000 4.8750% Due 10/31/30	Bond		102,250
Virginia Electric \$50,000 2.9500% Due 11/15/26	Bond		48,535
Virginia St HSG \$50,000 1.9720% Due 11/01/28	Bond		45,459
Walmart, Inc \$40,000 3.7000% Due 06/26/28	Bond		39,167
TOTAL SEPARATELY MANAGED FUNDS			23,933,716
TOTAL INVESTMENTS		\$	48,253,284

See Independent Auditor's Report and Notes to Financial Statements.